

<div>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</div> <div><input type="checkbox"/> Debtor(s) appearing without attorney <input type="checkbox"/> Attorney for.</div>		<div>FOR COURT USE ONLY</div>	
<div>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - _____</div>			
<div>In re:</div> <div>Debtor(s).</div>		<div>CASE NO.:</div> <div>CHAPTER:</div>	
		<div>ORDER ON OBJECTIONS TO CLAIMS</div>	
		<div>DATE:</div> <div>TIME:</div> <div>COURTROOM:</div> <div>PLACE:</div>	

The Debtor or trustee having filed objections to certain claims, the court having considered the evidence and argument presented in support and in opposition to such objections, if any, and good cause appearing, the court makes the following ruling as to the objections to claims:

(NOTES FOR USE OF THIS FORM: List claims in ascending numerical order based upon the clerk's claim number. Use a separate box below for each claim. Attach as many continuation pages as are necessary.)

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured: \$
Comments:		<input type="checkbox"/> Priority: \$

Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured: \$	Claim Amount: \$ <input type="checkbox"/> Priority: \$
Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured:\$	Claim Amount: \$ <input type="checkbox"/> Priority: \$
Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured:\$	Claim Amount: \$ <input type="checkbox"/> Priority: \$
Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured:\$	Claim Amount: \$ <input type="checkbox"/> Priority: \$
Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured:\$	Claim Amount: \$ <input type="checkbox"/> Priority: \$

Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured: \$	Claim Amount: \$ <input type="checkbox"/> Priority: \$
Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured: \$	Claim Amount: \$ <input type="checkbox"/> Priority: \$
Calendar Number: Claimant Name: <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed Comments:	Claim Number: <input type="checkbox"/> Unsecured: \$	Claim Amount: \$ <input type="checkbox"/> Priority: \$

Date: _____

United States Bankruptcy Judge